DOCUMENT RESUME

ED 170 633 CG 013 824

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TITLE Training Activities and Difficulties of Beginning Supervisors: A Survey.
SPONS AGENCY Texas Research Inst. of Mental Sciences, Houston.
PUB DATE 1 Sep 78
NOTE 13p.; Paper presented at the Annual Convention of the American Psychological Association (Toronto, Ontario, Canada, August, 1978)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Clinical Professors; Graduate Medical Education; *Graduate Professors; Internship Programs; *Job Training; *Psychotherapy; Research Projects; Supervisors; *Supervisory Training

ABSTRACT

This survey assessed the role and training of the beginning psychotherapy supervisor. Variables are demographic information, supervisory history and experience, role of supervision in the institution or program, attitudes and approaches towards both therapy and supervision, role as supervisor vis-a-vis the trainee, problems encountered in supervision, and preparation for supervision. Questionnaires were mailed to APA approved graduate training programs (111) and internship sites (121) and filled out by junior staff or faculty with less than two years of experience in psychotherapy supervision. While more than half of the respondents indicate some training in supervision prior to employment, nearly a third had no previous supervised experience of training in providing psychotherapy supervision. Upon employment, most respondents seek and receive consultation on supervision from colleges. A large majority of respondents indicated a need for additional training in supervision, both of a formal and of a supervisory nature. These general findings, as well as more specific findings, are presented and discussed. Reported differences and similarities between graduate schools and internships on the survey variables are also examined and discussed. (Author)

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TRAINING ACTIVITIES AND DIFFICULTIES OF BEGINNING SUPERVISORS

A Survey

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Presented at

The American Psychological Association

Toronto, Canada

September 1, 1978

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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The Psychotherapy Supervision Questionnaire was developed to inquire regarding supervisory practices, procedures, styles, and emphases among beginning psychotherapy supervisors. The present questionnaire was designed primarily only for "new" supervisors, with 2 or less years experience in psychotherapy supervision. The primary purpose was to assess the perception of the new supervisor of his role, and difficulties he might have in that role.

The Supervision Questionnaire was sent to 111 APA-approved graduate programs in clinical psychology, and 121 APA-approved clinical psychology internship centers. The questionnaire was returned by 69 of the academic programs, of which 29 were filled out by a supervisor with 2 years or less experience. Similarly, 98 internships returned the questionnaire, of which 46 met the experience criterion. Thus, the final sample consisted of 29 academic programs and 46 internship centers.

Sample Characteristics

The mean age for this sample is 29.78 years, with a median of 29.39 years. The age range was from 23 years to 57 years. The sample consisted of 49 males (65%) and 22 females (29%) with 4 respondents not indicating sex. There was a somewhat higher, but not significantly so, percentage of females (34.5%) in the university sample than in the internship sample (26.1%).

Ninety-two percent of the respondents possessed the Ph.D. degree. This percentage was essentially identical for both

samples. Two individuals (both in the University sample) indicated a Masters degree as the highest degree attained, while one individual in the internship sample held a Psy. D. degree, and one indicated other but unspecified.

There tended to be some overlap in terms of providing practicum level training, with 17.2% and 23.9% of university and intern agencies, respectively, involved in training at that level. There was much less overlap in terms of involvement with clinical internship or academic programs. Respondents were from a range of institutional settings, including medical schools (29.3%), university counseling centers or clinics (33.3%), public clinics (24.0%, and private clinics or hospitals (13.3%).

One third of the respondents had been supervising for one year or less, the remaining two thirds for 1 to 2 years.

There were some differences in who the respondents supervised, and how much they did. While less than 7% of the internship respondents had supervised more than 10 trainees to date, 41% of the graduate school respondents had supervised at least 11 trainees and 90% of that number had supervised more than 15 trainees. Also, significantly more of the graduate school respondents reported spending more than 5 hours per week in therapy supervision (69% versus 39% for the intern respondents). These results indicate a greater supervisory load for graduate school respondents than for intern respondents. This is supported by a non-significant trend towards greater total hours spent in supervision for the graduate school group, despite no

differences in years of experience. This finding may be related to the generally greater number of trainees in graduate school, a lower staff to trainee ratio for graduate schools, and the policy of some intern agencies to limit supervision for new or beginning staff members.

Members of both groups of respondents have supervised psychology students at all levels (pre-doctoral practicum, pre-doctoral internship, and post-doctoral), but the heaviest concentration in each group is on the level usually associated with the program (i.e., pre-intern or intern).

Some members of both groups have also supervised trainees from other disciplines, but those in internship settings significantly more than the university group. In particular, more respondents from the internship group have supervised nursing and social work trainees than have university respondents. Interestingly, there were no differences in the proportion in each group who have supervised psychiatry residents (about 20%).

More respondents from internship settings (39%) report supervision of staff or colleagues than from university settings (14%). More of this same group also report receiving regular supervision or consultation for their clinical work (60% versus (38%).

Mechanics of Supervision

There were no differences between groups (and nearly identical percentages) in the ratio of supervision to therapy, with the mode being one hour of supervision per 2-3 hours of therapy.

Similarly, over 90% of respondents from both groups indicated one to one supervision as the typical mode or format. Many respondents also utilize group supervision and case conferences in addition to this preferred mode.

All supervisors utilized a variety of methods for reporting and reviewing material by trainees, the most frequent being audio tapes and verbal reports by the trainee. A variety of other methods were utilized, including process notes, direct observation, co-therapy, and videotape. There was however a greater reliance on use of audio tapes by graduate school supervisors (88%) than by intern supervisors (54%). This may reflect a real or perceived need for closer monitoring of more inexperienced trainees, more of whom are found at the graduate school level. Supervisors at the intern level, with ostensibly more experienced therapists, may feel less of a need to include verbatim recordings as part of supervision.

Types of Activities Supervised

There was broad overlap in the types of activities supervised, with most respondents supervising more than one type activity. However, almost twice as many respondents from university settings indicated supervision of marital and family therapy, and of behavioral therapy and behavior modification. If this trend is true of more experienced supervisors as well, there may be more emphasis on these activities in graduate training than internship. On the other hand, significantly more of the internship supervisors (nearly half) report some supervision of consultation activities.

Theoretical Orientation and Training Emphases

A wide variety of theoretical orientations were responded to as characteristic. Most frequently checked were eclectic, psychodynamic, and behavioral, respectively. The frequency of distribution of these orientations differed remarkably between the two groups, however, the only difference which achieved statistical significance was that of responses to the psychodynamic orientation, with 37% of the internship respondants indicating such an orientation, while only 14% of the graduate school supervisors indicated this. Many, but not significantly, more, of the latter indicated behavioral and eclectic orientations than did internship respondants. These differences appear congruent with those differences in activities which are supervised.

More than half of each group indicated a "fair amount" of reliance on these orientations in supervision, with the trainee free to conceptualize in his/her own way at times.

What does appear noteworthy is the significant possibility that trainees are, to some degree, exposed to radically different theoretical and clinical models in practicum training and internship. In pre-internship training there appears to be greater emphasis on behavioral, marital and family approaches, in a behavioral or eclectic framework. In the internship year, however, it seems there is a greater emphasis on individual therapy, often from psychodynamic point of view. From the view of providing a variety of theories and approaches, this difference may be beneficial. To the extent, however, that practicum training is seen as preparation for the internship, such differences would seem to present difficulties and perhaps confusion for the intern.

Both groups of supervisors appear to emphasize, in roughly equal proportions, the importance of attitudes, skills, and technique in psychotherapy. While not each supervisor gives equal weight to these, across supervisors they appear of roughly equal importance. Nearly all supervisors, of both groups, describe themselves as supportive and flexible in supervision. In addition, the supervisor role of model is seen as important for both groups, but there is greater emphasis on one's role as teacher in the university group. While this may be a function of setting, it would seem more appropriate for those training less experienced therapists.

Additionally, all supervisors report self-disclosure in supervision, particularly in terms of their reactions and affective responses to the trainee's patient, and previous treatment experiences.

It may be then, that despite theoretical differences, the phenomonon of supervision is similar to that of therapy in terms of what the person does, rather than his/her theoretical orientation. Perhaps good supervisors, like good therapists, behave much the same way in supervision.

Emphasis in Supervision

Respondents were asked to note the degree of emphasis placed on various issues of therapy in supervision. Those areas which received the greatest emphasis for both groups combined, were: case conceptualization, affective responses of the trainee, and process or metacommunication issues. The two groups did not

differ on the degree of emphasis for the first two of these, but internship supervisors reported greater emphasis on process issues than did graduate school supervisors.

The issues receiving the least emphasis were those of diagnosis and interpertation of symbolic material. As might be expected, the more analytically oriented internship group emphasized interpertation more than the other group. This was still the least emphasized area however. In general there was a high degree of consistency between the two groups on the importance or emphasis given to the eleven areas.

Difficulties in Supervision

Respondents were given an opportunity to indicate which of a number of potentially problematic issues they had encountered in the supervision. One fifth or more of the respondents indicated the following difficulties: (1) trainees resistance to supervision or learning; (2) a feeling of not knowing how to intervene in the trainee's case; and (3) a feeling of not understanding what is happening in the case. The last two issues are obviously related, but may also be related to the issue of trainee resistance, for the supervisor is dependent upon the trainees report for data about the case under treatment; and fact 13% of the supervisors reported specific difficulties with trainees in this regard. An additional set of problems indicated with some frequency (15%-20%) was lack of knowledge regarding relevant techniques, relevant research, or medical issues. These issues seem more related to the supervisor than the relationship, or the trainee.

Only two differences between the groups emerged. Significantly more of the university group, but less than 20%, indicated lack of knowledge of theoretical material as a difficulty. Few from the internship group saw this as a difficulty. The authors have difficulty in accounting for this finding, and are somewhat puzzled by it.

An extremely interesting difference was that almost 20% of the internship supervisors felt that "over-identification with the trainee" was a problem for them, but none of the university supervisors felt this was a problem. This difference may be related to several factors. As reported earlier, significantly more of the university supervisors saw their role as teacher than did the other group. Such a role may assist the supervisor in establishing or maintaining appropriate distance from the trainee. Additionally of course, the internship tends to often be more of a colleagial relationship than does graduate school. This may be particularly true for supervisors who were interns themselves only one or two years previously, and thus, may have more of a tendency to over-identify with trainee.

Training for Supervision

A critical issue is preparation for supervision. It appears at times, that one is qualified for supervising by virtue of having been supervised and achieving doctoral status. However, this may not be as frequent as the authors imagined. Fifty-six percent of the respondents indicated supervised experience in supervision. However, 32% either had no training or only unsupervised experience prior to employment. While the picture

is not bleak, improvement certainly seems desirable. In addition, only 20% of the respondents indicated having had a course or seminar in supervision. Such a course or seminar might be of use in dealing with the problem of trainee resistance, and generally improving one's ability to form a productive alliance with the trainee.

Since employment, almost 80% of the respondants indicated they had sought informal consultation regarding problematic issues in supervision, and in most cases received such help or support. Similary, over 80% of the respondants felt that more training in doing supervision would be helpful. Supervision on the supervision process was felt to most likely be useful, but many felt seminars could also be useful.

Summary and Conclusions

This survey of beginning therapy supervisors indicates that these individuals supervise trainees from a variety of mental health disciplines, and at different levels of training. For the majority of respondents, therapy supervision is an institutionally sanctioned activity, to which they devote more than five hours per week. Yet a large number of respondents indicated little formal training in the process or mechanics of supervision, and an overwhelming majority expressed a desire or need for more training in supervision. Psychotherapy is a complex and difficult process, and the teaching of psychotherapy is equally complex and difficult. It seems naive to assume that such a process can be learned vicariously, i.e., simply by being supervised. At the same time, it appears unrealistic to expect supervision skills to

be learned, until an adequate mastery of therapy has been achieved. Formal post-doctoral training is, of course, one solution, but not all professionals are able to engage in such formal training programs. Alternatives might include some emphasis on supervision in the latter part of the internship year, as well as continuing education programs in supervision. Forty percent of our respondents indicated possible interest in such formal seminars, but the utilization of such programs remains to be seen. Another alternative is to encourage supervision of the supervisory process, in the work setting. Such an idea again assumes that one is not automatically qualified to perform supervision by virtue of degree status, or training in therapy. While there may or may not be individuals who "teach, but can't do," there are most likely individuals who "do well, but can't teach what they do."

In examining the responses of the two groups, that of internship and graduate school supervisors, most of the differences found can logically be attributed to differences in setting, function and role. What the authors find somewhat disturbing, however, is the evidence for a theoretical gap between these two groups. It seems likely that many interns are confronted with a task of leaping this gap in a single bound, as it were, in moving from the graduate school to the internship setting. Perhaps both settings need to attempt a greater balance of theoretical and treatment modality orientations. Or, a better matching of orientations for the intern might be possible. This would require more information about programs and staff, particularly on the internship level, to facilitate the trainees decision-making.

The conclusions of this survey, are, of course limited to "beginning" supervisors. It seems reasonable to carry out a similar survey of more experienced supervisors, to confirm or disconfirm the generality of these findings, and to examine possible differences between less experienced and more experienced supervisors, particularly in difficulties encountered in supervision, and how these difficulties have been resolved or addressed.